

FILED NOV 10 1948 47

Registration District No.

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 35351

Registrar's No. 52

1. PLACE OF DEATH

(a) County Stone
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 23 yrs (Specify whether years, months or days)
In this community about 23 yrs

3. (a) PRINT FULL NAME

Steve Crathel

3. (b) If veteran,

no

3. (c) Social Security No.

✓

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Oct 4 1863
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 15 If less than one day
hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business ✓

12. Name John Crathel

13. Birthplace Washington
(City, town, or county) (State or foreign country)

14. Maiden name Missania Markes

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Steve Crathel

(b) Address Salena mo

17. (a) Burial (b) Date thereof Oct 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yacum Pond

18. (a) Signature of funeral director Everett J. Cheatham

(b) Address Salena mo

19. (a) Oct 26 48 (b) Lena Murray Dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1948 hour 3 minute 45 PM

21. I hereby certify that I attended the deceased from 1 Oct 48 to 19 Oct 48

that I last saw him alive on 13 Oct 48

and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Smoking

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 97

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Murray (M. D. or other)

Address Salena mo Date signed 26 Oct 48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6;

District File Number 1148-1272

Date Filed 11-9-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Ernest J. Cheatham

Licensed Embalmer No. 8870

P. O. Address Halena me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.